



DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING
SUSSEX COUNTY (302)739-5487 OR (800)822-2236 TIME: 6:15 P.M. TO 7:15 P.M.



ADMINISTRATION OF MEDICATION CERTIFICATION TEST

State law requires that only individuals who have successfully completed state approved test may administer medication in childcare. To administer medication to children in a state licensed facility, **you must study the Administration of Medication Self-Study Program packet and pass a written test with a grade of 80% at least on the contents.**

The testing session will be conducted and monitored by a Registered Nurse. She will be available from 6:15 p.m. to 6:30 p.m. on the testing night to answer any questions you or your staff may have about the content of the self-study packet. **ADMITTANCE TO THE TESTING SESSION WILL BE CLOSED AT 6:30 P.M. WHEN THE TEST BEGINS.** The session will finish at 7:15 P.M. **YOU MAY DOWNLOAD THE ADMINISTRATION OF MEDICATION STUDY PACKET FROM OUR WEBSITE: http://kids.delaware.gov/pdfs/occl_administration_of_meds_2005.pdf**

There is a **NON-REFUNDABLE** fee of **\$6.00 PER PERSON PAYABLE BY MONEY ORDER with this Registration Form** for the testing session. For child care centers, please list the names of staff to attend on a separate page. Only those individuals who have registered and pre-paid will be permitted to attend. Please select an alternate date for which you could attend. **YOU WILL ONLY BE NOTIFIED IF YOUR FIRST CHOICE IS NOT AVAILABLE, OR IF THE SESSION MUST BE CANCELED. IF YOU FAIL TO ATTEND THE SESSION OR IF YOU REQUEST TO BE RESCHEDULED, YOU WILL NEED TO COMPLETE A NEW REGISTRATION FORM AND MAIL WITH ANOTHER \$6.00 MONEY ORDER.**

PLEASE CONTACT THIS OFFICE, IN ADVANCE, IF SPECIAL ARRANGEMENTS ARE NEEDED TO COMPLETE THIS TEST. SPECIAL ARRANGEMENTS WILL NOT BE ACCEPTED THE DAY OF THE TESTING. **PHOTO ID IS REQUIRED TO ATTEND THE SESSION.**

SUSSEX COUNTY TESTING LOCATION →

DO NOT MAIL THIS REGISTRATION FORM TO THIS ADDRESS (SEE INSTRUCTIONS BELOW)

GEORGETOWN STATE SERVICE CENTER
PUBLIC HEALTH CONFERENCE ROOM
546 SOUTH BEDFORD STREET
GEORGETOWN, DELAWARE 19947

Wednesday, January 22, 2014	Wednesday, March 19, 2014	Wednesday, May 14, 2014
Wednesday, August 20, 2014	Wednesday, September 17, 2014	Wednesday, October 15, 2014

REGISTRATION SLIP FOR SUSSEX COUNTY [PLEASE PRINT LEGIBLY]

NAME: (PRINT LEGIBLY)	DOB:
STREET ADDRESS:	CITY/STATE/ZIP:
IF YOU WORK FOR A CENTER – NAME OF CENTER:	CENTER PHONE #:
TESTING DATE: 1 ST CHOICE →	2 ND CHOICE →

MAKE MONEY ORDERS PAYABLE TO: STATE OF DELAWARE/DFS

➤ NO CHECKS ~ NO CASH ~ MONEY ORDER ONLY ◀

Detach and mail registration to:

OFFICE OF CHILD CARE LICENSING
821 SILVER LAKE BOULEVARD, SUITE 103
DOVER, DELAWARE 19904



\$6.00 PER PERSON